

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445308	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/19/2010
NAME OF PROVIDER OR SUPPLIER GENERATIONS CENTER OF SPENCER			STREET ADDRESS, CITY, STATE, ZIP CODE 87 GENERATIONS DRIVE SPENCER, TN 38685		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 048	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1</p> <p>This STANDARD is not met as evidenced by: Based on record review after the survey, it was determined, the facility failed to provide a written plan of protection for residents in the event of an emergency/disaster.</p> <p>The findings included:</p> <p>On 1/19/10 at 2:00 PM during record review, observation revealed there was no documentation of any disaster drills performed. National Fire Protection Association (NFPA) 101, 19.7.1.1.</p> <p>The deficiency was noted by the Maintenance Director and verified by the Facility Administrator during the exit interview on 1/19/10.</p>	K 048			
K 052	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p>	K 052			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER GENERATIONS CENTER OF SPENCER	STREET ADDRESS, CITY, STATE, ZIP CODE 07 GENERATIONS DRIVE SPENCER, TN 38585
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K 052	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation during the survey, it was determined, the facility failed to maintain the fire alarm system. The findings included: On 1/19/10 at 11:50 AM observation within the attic area above the 400 hall revealed the fire alarm panel was not provided with a latching device. At 1:52 PM during record review, observation revealed the fire alarm system was not inspected and serviced since September of 2008. National Fire Protection Association (NFPA) 72. 7-3.1 The deficiencies were noted by the Maintenance Director and verified by the Facility Administrator during the exit interview on 1/19/10.	K 052		
K 147	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation during the survey, it was determined, the facility failed to maintain the electrical system. The findings included: On 1/19/10 at 10:35 AM observation within resident room # 410 revealed the Ground Fault Circuit Interrupter (GFCI) was not working. National Fire Protection Association (NFPA)	K 147		

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FORM APPROVED
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER GENERATIONS CENTER OF SPENCER			STREET ADDRESS, CITY, STATE, ZIP CODE 07 GENERATIONS DRIVE SPENCER, TN 38506		
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K 147	<p>Continued From page 2 70, 210-8(a)(7).</p> <p>At 11:45 AM observation within the laundry room area revealed the GFCI unit next to the sink was not working.</p> <p>The deficiencies were noted by the Maintenance Director and verified by the Facility Administrator during the exit interview on 1/19/10.</p>	K 147			